PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	ng the nerwise	Patent, advance or in Block 1, by (a	ders and notification a) specifying a new c	of m	pondence address;	and/o	r (b) indicating a separ	rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Hea Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
·						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SUITE 1200 WASHINGTON, DC 20006-1109						(Depositor's name)				
WASHINGTON, DC 20000-1107						(Signature)				
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		ITOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/724,222	10/724,222 12/01/2003		Jon Elliot Adler				67824.407204		3212	
TITLE OF INVENTION: TIR1 RECEPTOR BINDING ASSAYS FOR IDENTIFACATION OF TASTE MODULATORS										
				4 IDEN	TIF	FICATION				
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$720	\$300		\$0		\$1020	10/03/2008	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
ULM, JOHN D		,	1649	435-007200						
 Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 			Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Hunton & Williams LLP						
3. ASSIGNEE NAME A										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Senomyx, Inc. San Diego, CA										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🖾 Corporation or other private group entity 📮 Government										
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				Hb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0206 (enclose an extra copy of this form).						
5. Change in Entity Stat	tus (from status indicated							ΓΙΤΥ status. See 37 CF		
••	d Publication Fee (if requ	iired) v	vill not be accepted	d from anyone other the Office.	han th	ne applicant; a regi	stered :	attorney or agent; or the	e assignee or other party in	
Authorized Signature	'n	Date September 29, 2008								
Typed or printed name Robin L. Teskin				Registration No. 35,030						
This collection of information an application. Confident submitting the completed this form and/or suggestions.	ation is required by 37 C iality is governed by 35 I application form to the	FR 1.3 U.S.C. USPT	11. The information 122 and 37 CFR O. Time will vary yould be sent to the	on is required to obtain 1.14. This collection is depending upon the Chief Information C	n or re is esti indivi	etain a benefit by the mated to take 12 r dual case. Any co	he publ ninutes mment Traden	ic which is to file (and to complete, including s on the amount of time tark Office, U.S. Depar	by the USPTO to process) g gathering, preparing, and the you require to complete them of Commerce. P.O.	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.